

EXHIBIT L

Estate of Albert Filosa

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN) ECF Case
This document relates to: <i>Johnson, et al. v. The Islamic Republic of Iran</i>	18-cv-12344 (GBD)(SN) ECF Case

DECLARATION OF JULIA FILOSA

I, Julia Filosa, pursuant to 28 U.S.C. § 1746, do hereby declare under penalty of perjury as follows:

1. I am more than eighteen (18) years of age and I have personal knowledge of and am competent to testify to the matters stated in this declaration.
2. I am the surviving spouse of Albert Filosa, upon whose death this claim is based, and make this declaration in support of the motion for a default judgment on behalf of his estate. Albert Filosa was a citizen of the United States on September 11, 2001 and at the time of his death.
3. Al died on August 28, 2023, at the age of 70. The medical conditions which led to his death have been causally connected to his exposure to the environmental toxins present on and after September 11, 2001 as the result of the terrorist attacks on the World Trade Center (WTC).
4. On November 26, 2023, Letters of Administration were issued to me by the Surrogate's Court in and for Kings County, New York on behalf of my husband's estate.
5. Al was a firefighter with the New York City Fire Department (FDNY) for twenty years. On September 11, 2001 he was at home when FDNY issued a "total recall" summoning all firefighters, on and off-duty, to report in response to the terrorist attacks. Al immediately left for the firehouse in Brooklyn from where his ladder company was dispatched the WTC. In the chaos that day, Al was among those attempting to extinguish the fires in Tower 7 when it collapsed. Al

was working from the bucket, and although he escaped, he was showered with debris from the building. The firetruck he had been working from was crushed. While searching through the ash and rubble for survivors Al's foot became trapped in a hole concealed by the debris and ash. He was only able to free himself by pulling his foot out of his boot. He retrieved another boot from a nearby firetruck, and although ill-fitting, put it on and continued to search. I did not see or hear from Al for the next two days.

6. On September 13th, Al came home covered with white dust. When he took his foot out of the boot he had worn to replace his own it was covered with blisters. At his insistence, I cut open the blisters and wrapped his foot with duct tape. He put the boot back on and left to return to Ground Zero. Al worked and stayed at Ground Zero for the next three months. We communicated by phone, but I did not see him during this time. He and his fire company were digging beneath the WTC, initially looking for survivors and later for remains of the victims.

7. Al retired from FDNY in August, 2003 after twenty years of service. In addition to the physical ailments that were beginning to bother him such as shortness of breath and fatigue, he had been traumatized by deaths of so many of his firefighting brothers and the events he had witnessed on 9/11.

8. The first medical condition Al was diagnosed with in the years following 9/11 was chronic obstructive pulmonary disease. Then, in February 2012, Al was diagnosed with non-Hodgkin lymphoma (NHL). A PET scan performed at this time revealed that in addition to NHL, Al was also suffering from stage 4 prostate cancer that had metastasized to his bones, lungs, and kidneys.

9. He had developed swollen clusters in the lymph nodes of his neck and armpits. He went to Memorial Sloan Kettering for treatment. The NHL treatment began with pinpoint

radiation. The radiation treatments were excruciatingly painful. In addition to causing severe burns to the areas exposed to the radiation, it caused Al to lose all the teeth on his lower jaw. The radiation treatments were followed by aggressive chemo-therapy. All of this lasted for months and, in the end, neither course of treatment was successful.

10. The next treatment Al underwent to try and manage the disease was stem cell reinfusion. To prepare Al for this treatment, he was given a series neupogen injections to increase his white blood cell count. He then had his stem cells harvested. Once that had been accomplished, he was admitted to the hospital in late June 2013, and put in reverse isolation for 46 days while the treatment proceeded. Anyone who entered his room during this time was required to gown-up, and wear a mask, boots, and gloves to prevent the introduction of anything that would adversely impact his compromised immune system. Because the treatment was immunosuppressant, Al was required to receive vaccinations for virtually everything, even those he had previously received as a child. A PET scan three months after Al's hospitalization showed that the stem cell reinfusion had been successful and his NHL was in remission.

11. Treatment for the prostate cancer entailed hormone therapy which consisted of injections aimed at lowering Al's testosterone levels. Despite all the mounting medical problems and all the treatments, therapies, and medications that were required, Al remained positive and continued to persevere without complaint.

12. The cancer continued to grow and in 2021, with his mobility compromised due to growth of cancer on his femur, Al was forced to undergo hip replacement surgery. To repair his femur during this surgery, it was necessary to use cement to replace the bone that had been destroyed by the cancer. The recovery period was extremely painful. After this surgery, Al never

regained his ability to ambulate without assistance. He went from using a cane to using a walker and then finally required to use of a wheelchair to get around.

13. In 2022 Al suffered acute kidney failure and was admitted to the hospital and placed the intensive care unit (ICU) where he remained for one week. Al had become unable to void and a suprapubic catheter was inserted into his bladder through his abdominal wall. Also in 2022, as the result of another PET scan, Al was put on another course of chemotherapy once a week. This course of treatment would last until February 2023.

14. By February 2023, the cancer had advanced to the point that it deflated Al's left lung and caused it to collapse. Al was placed on supplemental oxygen. He was no longer able to care for himself at all. His chemotherapy was discontinued and Al spent six difficult months under hospice care before passing away in August.

15. After 9/11 with the development of multiple medical problems, Al applied to the Victim Compensation Fund (VCF). He was found to be eligible for compensation based on the information it received for injuries related to Hodgkin's disease, malignant neoplasm of the prostate, chronic bronchitis, and chronic obstructive pulmonary disease. A true and correct copy of the VCF eligibility determination letter documenting the physical injuries he suffered from the attacks on 9/11 is submitted with this declaration as part of this exhibit. Also submitted with this declaration as part of this exhibit is a true and correct copy of Al's death certificate citing the cause of death as malignant neoplasm of the prostate with metastasis to the lung with contributing conditions including chronic obstructive pulmonary disease and Hodgkin lymphoma.

16. Al never lost his determination to beat the overwhelming odds stacked against him. It is a testament to his determination to live that he survived with stage 4 prostate cancer for eleven years. Al was dedicated firefighter and friend. He was easy going, quick to laugh, loved a good

story and was a gifted raconteur. He was a loving husband, father, and grandfather. We miss his presence in our lives every day.

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct.

DATED this 30th day of May, 2025.


Declarant Julia Filosa



September 11th
Victim Compensation Fund

August 25, 2015

ALBERT FILOSA



Dear ALBERT FILOSA:

Your Eligibility Form for the September 11th Victim Compensation Fund ("VCF") has been reviewed. Your claim number is VCF0001667. The Claims Evaluator determined that your Eligibility Form was substantially complete on August 25, 2015. As stated in the Regulations and on the Eligibility Form, by filing a substantially complete Eligibility Form you have waived your right to file or be a party to a September 11th-related lawsuit. For more information about this topic, please review Frequently Asked Questions ("FAQs") #7.1 - #7.4 on the www.vcf.gov website.

The Decision on your Claim

The VCF has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

- HODGKINS DISEASE, UNSPECIFIED TYPE
- MALIGNANT NEOPLASM OF PROSTATE
- OTHER CHRONIC BRONCHITIS AND RELATED PHYSICAL CONDITIONS: OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED
- OTHER EMPHYSEMA AND RELATED PHYSICAL CONDITIONS: OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or loss calculation.

What Happens Next



September 11th
Victim Compensation Fund

If you have been certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will contact the WTC Health Program to confirm the condition is eligible.

If you believe you have eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating your compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about your treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If you do not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless contacted again by the VCF.

If in the future you are diagnosed with a new 9/11-related condition or if the WTC Health Program certifies you for treatment for a condition that was not previously certified, you may amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision. Please see the VCF website for additional details on how to amend your claim and the specific circumstances that may be appropriate to request an amendment.

Please remember all information and materials must be submitted to the VCF by October 3, 2016.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100. Every effort will be made to respond to your inquiries as soon as possible.

Sincerely,

Sheila L. Birnbaum
Special Master
September 11th Victim Compensation Fund

DOH-1561 (8/2011)

RECORDED DISTRICT 5250		REGISTER NUMBER 13		NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		131-2023-00068819 STATE FILE NUMBER	
1. NAME: FIRST MIDDLE LAST Albert A Filosa				2. SEX Male		3A. DATE OF DEATH: MONTH DAY YEAR 08 28 2023	
3B. HOUR 09:15 AM							
1A. PLACE OF DEATH: (Check one) <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify)				1B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR			
3C. NAME OF FACILITY: (If not facility, give address) 7 West Mitchell Street				4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN Bethel Town		4E. COUNTY OF DEATH: Sullivan	
4F. MEDICAL RECORD NO.				4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
5. DATE OF BIRTH: MONTH DAY YEAR 70		6A. AGE IN YEARS: 70		6B. IF UNDER 1 YEAR ENTER: MONTHS DAYS		6C. IF UNDER 1 DAY ENTER: HOURS MINUTES	
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Brooklyn Borough, New York				7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:			
8. DECEDENT'S RACE: (Check one or more boxes to indicate what the decedent considered himself or herself to be) A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese I <input type="checkbox"/> Native Hawaiian J <input type="checkbox"/> Samoan or Chamorro K <input type="checkbox"/> Other Pacific Islander (Specify)				9. DECEDENT'S ETHNICITY: (Check one or more boxes to indicate what the decedent considered himself or herself to be) A <input type="checkbox"/> Mexican, Mexican American, Chicano B <input type="checkbox"/> Puerto Rican C <input type="checkbox"/> Cuban D <input type="checkbox"/> Other Hispanic/Latino (Specify)			
10. DECEDENT'S EDUCATION: (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 5th grade 2 <input type="checkbox"/> 6th-12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree				11. SURVIVING SPOUSE: Enter both names of spouse if married or engaged Julia Filosa			
12. SOCIAL SECURITY NUMBER				13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>			
14. USUAL OCCUPATION: (Do not enter retired) Fire Fighter				15. KIND OF BUSINESS OR INDUSTRY: NYFD			
16A. RESIDENCE: (State or Country if not USA)				16B. COUNTY OR REGION/PROVINCE: (If not USA)			
16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN				16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? (YES) (NO) IF NO, SPECIFY TOWNSHIP			
17. BIRTH NAME OF FATHER/PARENT: FIRST MI LAST Albert Filosa				18. BIRTH NAME OF MOTHER/PARENT: FIRST MI LAST Louise Nigro			
19A. NAME OF INFORMANT: Julia Filosa				19B. MAILING ADDRESS: (Include zip code) 498 3rd Street, Brooklyn Borough, NY 11215			
20A. 1 <input type="checkbox"/> CHURCH 2 <input type="checkbox"/> CREMATORY 3 <input type="checkbox"/> PERSONAL 4 <input type="checkbox"/> HOLD DAY 5 <input type="checkbox"/> CREMATION YEAR 09 01 2023				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Greenwood Crematory			
21A. NAME AND ADDRESS OF FUNERAL HOME: International Funeral Service Of New York, Inc				21B. REGISTRATION NUMBER: 00830			
22A. NAME OF FUNERAL DIRECTOR: Patrick J Marmo				22C. REGISTRATION NUMBER: 12234			
23A. SIGNATURE OF REGISTRAR: Rita J Sheehan Electronically Signed				23B. DATE / (MO) DAY YEAR 08 01 2023			
24A. SIGNATURE OF FUNERAL DIRECTOR: Patrick J Marmo Electronically Signed				24B. BIRTH OR REMOVAL PERMIT ISSUED BY: Ruth Duncan			
24C. DATE / (MO) DAY YEAR 08 01 2023				24D. DATE / (MO) DAY YEAR 08 01 2023			
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER							
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Joby David, NP License No.: 303363 Signature: Joby David, NP Electronically Signed Month Day Year 08 28 2023							
25B. If coroner is not a physician, enter Coroner's Physician's name & title: Address: 800 Stony Brook Ct, Newburgh, NY 12550							
25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Signature: Address:							
26A. Attending physician attended deceased: Month Day Year 08 30 2023 Month Day Year 08 28 2023 26B. Deceased last seen alive by attending physician: Month Day Year 08 27 2023 26C. Postmortem: Month Day Year 08 28 2023 26D. Time: 09:15 AM							
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 29A. AUTO (PSY) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES							
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL							
30. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I IMMEDIATE CAUSE: (A) Malignant Neoplasm of Prostate with metastasis to Lung DUE TO OR AS A CONSEQUENCE OF: (B) <<<<>>> DUE TO OR AS A CONSEQUENCE OF: (C) <<<<>>> PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Hypertension, Chronic Obstructive Pulmonary Disease, Hodgkin's Lymphoma in remission DID TODAY'S CASE CONTRIBUTE TO DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN							
31A. IF INJURY, DATE: MONTH DAY YEAR HOUR 31B. INJURY LOCALITY: (City or town and county and state) 31C. DESCRIBE HOW INJURY OCCURRED 31D. PLACE OF INJURY: 31E. INJURY AT WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> OTHER <input type="checkbox"/> 31F. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other & specify 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> 33A. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 17 days of death <input type="checkbox"/> Unknown if pregnant within past year 33B. DATE OF DELIVERY: MONTH DAY YEAR							

Check with local health department